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8  
9 **BEFORE THE**  
**BOARD OF REGISTERED NURSING**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

11  
12 Case No. **2011-181**

In the Matter of the Accusation Against:

**ACCUSATION**

13 **HEATHER SHEA HADLEY**  
14 **10497 Steeplechase Drive**  
**Gulfport, MS 39503**

15 **Registered Nurse License No. 671530**

16 Respondent.

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18  
19  
20 Complainant alleges:

21 **PARTIES**

22 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her  
23 official capacity as the Interim Executive Officer of the Board of Registered Nursing, Department  
24 of Consumer Affairs.

25 2. On or about January 3, 2006, the Board of Registered Nursing issued Registered  
26 Nurse License Number 671530 to Heather Shea Hadley (Respondent). The Registered Nurse  
27 License was in full force and effect at all times relevant to the charges brought herein and will  
28 expire on April 30, 2011, unless renewed.

## JURISDICTION

3. This Accusation is brought before the Board of Registered Nursing (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2750 of the Business and Professions Code ("Code") provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

5. Section 2764 of the Code provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the license.

6. Section 2811(b) of the Code states:

Each such license not renewed in accordance with this section shall expire but may within a period of eight years thereafter be reinstated upon payment of the biennial renewal fee and penalty fee required by this chapter and upon submission of such proof of the applicant's qualifications as may be required by the board, except that during such eight-year period no examination shall be required as a condition for the reinstatement of any such expired license which has lapsed solely by reason of nonpayment of the renewal fee. After the expiration of such eight-year period the board may require as a condition of reinstatement that the applicant pass such examination as it deems necessary to determine his present fitness to resume the practice of professional nursing.

## STATUTORY PROVISIONS

7. Section 2761 of the Code states:

"The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

"(a) Unprofessional conduct ....

8. Section 2762 of the Code states:

In addition to other acts constituting unprofessional conduct within the meaning of this chapter [the Nursing Practice Act], it is unprofessional conduct for a person licensed under this chapter to do any of the following:

(a) Obtain or possess in violation of law, or prescribe, or except as directed by a

1 licensed physician and surgeon, dentist, or podiatrist administer to himself or herself,  
2 or furnish or administer to another, any controlled substance as defined in Division 10  
(commencing with Section 11000) of the Health and Safety Code or any dangerous  
3 drug or dangerous device as defined in Section 4022.

4 (e) Falsify, or make grossly incorrect, grossly inconsistent, or unintelligible entries  
5 in any hospital, patient, or other record pertaining to the substances described in  
subdivision (a) of this section."

6 9. Health and Safety Code section 11173, subdivision (a) states:

7 No person shall obtain or attempt to obtain controlled substances, or procure or  
8 attempt to procure the administration of or prescription for controlled substances (1)  
by fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a  
9 material fact.

10 10. Health and Safety Code section 11350, subdivision (a)(1) states:

11 Except as otherwise provided in this division, every person who possesses (1) any  
12 controlled substance specified in subdivision (b) or (c), or paragraph (1) of  
subdivision (f) of Section 11054, specified in paragraph (14), (15), or (20) of  
13 subdivision (d) of Section 11054, or specified in subdivision (b) or (c) of Section  
11055, or specified in subdivision (h) of Section 11056, or (2) any controlled  
14 substance classified in Schedule III, IV, or V which is a narcotic drug, unless upon  
the written prescription of a physician, dentist, podiatrist, or veterinarian licensed to  
15 practice in this state, shall be punished by imprisonment in the state prison.

### 16 COST RECOVERY

17 11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
18 administrative law judge to direct a licensee found to have committed a violation or violations of  
19 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
20 enforcement of the case.

### 21 DRUGS

22 12. Ativan, the brand name for lorazepam, is a Schedule IV controlled substance as  
23 designated by Health and Safety Code section 11057(d)(16), and is a dangerous drug pursuant to  
24 Business and Professions Code section 4022. Ativan is used in the treatment of anxiety disorders  
25 and for short-term (up to 4 months) relief of the symptoms of anxiety.

26 13. Dilaudid, a brand name for hydromorphone, is a Schedule II controlled substance as  
27 designated by Health and Safety Code Section 11055(b)(1)(K) and is a dangerous drug pursuant  
28

1 to Business and Professions Code section 4022. Dilaudid is a narcotic analgesic prescribed for  
2 the relief of moderate to severe pain.

3 14. Xanax, a brand name for alprazolam, is a Schedule IV controlled substance as  
4 designated by Health and Safety Code section 11057(d)(1), and is a dangerous drug pursuant to  
5 Business and Professions Code section 4022. Alprazolam is used for the management of anxiety  
6 disorders o the short-term relief of symptoms of anxiety.

### 7 FACTUAL ALLEGATIONS

8 15. Respondent was employed by Clinical Staffing Services as a traveling nurse and was  
9 given an assignment as a Registered Nurse at Orange Coast Memorial Medical Center  
10 (OCMMC). On or around June 15, 2009, the Telemetry Manager at OCMMC received reports  
11 that Respondent exhibited unusual behavior at work, including making frequent withdrawals of  
12 narcotic medications only to return or waste them within minutes after the withdrawal. These  
13 reports prompted an internal investigation at OCMMC. Following an audit of the Acudose-Rx<sup>1</sup>  
14 records, patient's Medication Administration Records (MAR) and physician's orders, the  
15 OCMMC Telemetry Manager discovered the following discrepancies attributed to Respondent:

16 16. Patient 1: This patient had physician orders for 1 mg (IV) of Dilaudid PRN  
17 (as needed) for pain. On May 31, 2009 at 0133 hours, Respondent removed 1 mg (IV) of  
18 Dilaudid for this patient from the Acudose machine, even though she was not assigned to this  
19 patient. Respondent failed to document administration of the medication on the patient's MAR.  
20 There is no record of wastage of this medication. Thus, 1 mg (IV) of Dilaudid is unaccounted for.

21 17. Patient 2: This patient had physician's orders for 1 tablet of Alprazolam .25 mg as  
22 needed for anxiety or insomnia. On May 31, 2009 at 0239 hours, Respondent removed 1 tablet of  
23 Alprazolam .25 mg for this patient from the Acudose machine. Respondent failed to document

24 <sup>1</sup> Acudose-Rx is a trade name for the automated single-unit dose medication dispensing  
25 system that records information such as the patient name, physician orders, date and time  
26 medication was withdrawn and the name of the licensed individual who withdrew and  
27 administered the medication. Each user is given a "user ID" code to operate the control panel.  
28 The user is required to enter a second code "PIN" number, similar to an ATM machine, in order  
to gain access to the medications. Sometimes only portions of the withdrawn narcotics are given  
to the patient. The portions not given to the patient are referred to as wastage. This waste must  
be witnessed by another authorized user and is also recorded by the Acudose-Rx machine.

1 the administration of this medication on the patient's MAR. There is no record of wastage of this  
2 medication. Thus, 1 tablet of Alprazolam .25 mg is unaccounted for.

3 18. Patient 3: From May 31, 2009 through June 3, 2009, the following five  
4 discrepancies were discovered:

5 a. On May 31, 2009, Respondent was not assigned to this patient. The patient  
6 had physician orders for 2 mg (IV) Dilaudid prn (as needed ) for pain. On May 31, 2009 at 0601  
7 hours, Respondent removed from the Acudose machine for this patient a 1 mg carpject syringe  
8 of Dilaudid. Respondent failed to document administration of this medication on the patient's  
9 MAR. There is no record of wastage of this medication. Thus, 1 mg of Dilaudid is unaccounted  
10 for.

11 b. On June 1, 2009, Respondent was assigned to this patient. The patient had  
12 physician orders for 2 mg (IV) Dilaudid for pain. On June 1, 2009 at 1949 hours, Respondent  
13 removed from the Acudose machine for this patient a 2 mg carpject syringe of Dilaudid.  
14 Respondent failed to document administration of this medication on the patient's MAR. There is  
15 no record of wastage of this medication. Thus, 2 mg of Dilaudid is unaccounted for.

16 c. On June 2, 2009, this patient had physician orders for 2 mg (IV) Dilaudid for  
17 pain. On June 2, 2009 at 0702 hours, Respondent removed from the Acudose machine for this  
18 patient a 2 mg carpject syringe of Dilaudid. Respondent failed to document administration of  
19 this medication on the patient's MAR. There is no record of wastage of this medication. Thus, 2  
20 mg of Dilaudid is unaccounted for.

21 d. On June 2, 2009, this patient had physician orders for 2 mg (IV) Dilaudid for  
22 pain. On June 2, 2009 at 1953 hours, Respondent removed from the Acudose machine for this  
23 patient a 2 mg carpject syringe of Dilaudid. Respondent failed to document administration of  
24 this medication on the patient's MAR. There is no record of wastage of this medication. Thus, 2  
25 mg of Dilaudid is unaccounted for.

26 e. On June 3, 2009, this patient had physician orders for 2 mg (IV) Dilaudid for  
27 pain. On June 3, 2009 at 0101 hours, Respondent removed from the Acudose machine for this  
28 patient a 2 mg carpject syringe of Dilaudid. Respondent failed to document administration of

1 this medication on the patient's MAR. There is no record of wastage of this medication. Thus, 2  
2 mg of Dilaudid is unaccounted for.

3 19. Patient 4: On May 31, 2009 and June 3, 2009, there were two discrepancies  
4 discovered as follows:

5 a. On May 31, 2009, Respondent was not assigned to this patient. This patient  
6 had physician orders for .5 mg (IV) of Dilaudid prn (as needed) for pain. On May 31, 2009 at  
7 0601 hours, Respondent removed 1 mg carpject syringe of Dilaudid. Respondent failed to  
8 document administration of this medication on the patient's MAR. There is no record of wastage  
9 of this medication. Thus 1 mg of Dilaudid is unaccounted for.

10 b. On June 3, 2009, Respondent was not assigned to this patient. This patient  
11 had physician orders for .5 mg (IV) Dilaudid. On June 3, 2009 at 0101 hours, Respondent  
12 removed from the Acudose machine for this patient 1 mg carpject syringe of Dilaudid.  
13 Respondent failed to document administration of this medication on the patient's MAR. There is  
14 no record of wastage of this medication. Thus, 1 mg of Dilaudid is unaccounted for.

15 20. Patient 5: From June 2, 2009 through June 3, 2009, Respondent was not assigned to  
16 this patient; however, the following two discrepancies were discovered:

17 a. On June 2, 2009, this patient had physician orders of 2 mg (IV) of Dilaudid.  
18 On June 2, 2009 at 0700 hours, Respondent removed from the Acudose machine for this patient 2  
19 mg carpject syringe of Dilaudid. Respondent failed to document administration of this  
20 medication on the patient's MAR. There is no record of wastage of this medication. Thus, 2 mg  
21 of Dilaudid are unaccounted for.

22 b. On June 3, 2009, this patient had physician orders of 2 mg (IV) of Dilaudid  
23 prn (as needed) for pain. On June 3, 2009 at 0648 hours, Respondent removed from the Acudose  
24 machine for this patient 2 mg carpject syringe of Dilaudid. Respondent failed to document  
25 administration of this medication on the patient's MAR. There is no record of wastage of this  
26 medication. Thus, 2 mg of Dilaudid are unaccounted for.

27 21. Patient 6: On June 3, 2009, Respondent was not assigned to this patient. This  
28 patient had physician orders for 2 mg (IV) of Dilaudid prn (as needed) for pain. On June 3, 2009

1 at 0646 hours, Respondent removed 1 mg carpuject syringe of Dilaudid from the Acudose  
2 machine for this patient. Respondent failed to document administration of this medication on the  
3 patient's MAR. There is no record of wastage of this medication. Thus, 1 mg of Dilaudid is  
4 unaccounted for.

5 22. Patient 7: On June 8, 2009, Respondent was not assigned to this patient. This  
6 patient had physician orders for 1 mg (IV) of Dilaudid. On June 8, 2009 at 2223 hours,  
7 Respondent removed 1 mg carpuject syringe of Dilaudid from the Acudose machine for this  
8 patient. Respondent failed to document administration of this medication on the patient's MAR.  
9 There is no record of wastage of this medication. Thus, 1 mg of Dilaudid is unaccounted for.

10 23. Patient 8: On June 11, 2009, this patient had physician orders for 2 mg (IV) of  
11 Dilaudid. On June 11, 2009 at 0250 hours, Respondent removed 2 mg carpuject syringe of  
12 Dilaudid from the Acudose machine for this patient. Respondent failed to document  
13 administration of this medication on the patient's MAR. There is no record of wastage of this  
14 medication. Thus, 2 mg of Dilaudid is unaccounted for.

15 24. Patient 9: On June 11, 2009, this patient had physician orders for 2 mg (IV) of  
16 Dilaudid. On June 11, 2009 at 0707 hours, Respondent removed from the Acudose machine for  
17 this patient 2 mg carpuject syringe of Dilaudid for this patient. Respondent failed to document  
18 administration of this medication on the patient's MAR. There is no record of wastage of this  
19 medication. Thus, 2 mg of Dilaudid are unaccounted for.

20 25. Patient 10: On June 13, 2009, Respondent was not assigned to this patient. This  
21 patient had physician orders for 1 mg (IV) of Dilaudid. On June 13, 2009 at 0747 hours,  
22 Respondent removed from the Acudose machine for this patient 1 mg carpuject syringe of  
23 Dilaudid. Respondent failed to document administration of this medication on the patient's  
24 MAR. There is no record of wastage. Therefore, 1 mg of Dilaudid is unaccounted for.

25 26. Patient 11: On June 11, 2009, Respondent was not assigned to this patient. The  
26 patient had physician orders for .5 mg (IV) Dilaudid. On June 11, 2009 at 0618 hours,  
27 Respondent removed from the Acudose machine for this patient 1 mg carpuject syringe of  
28 Dilaudid. Approximately 8 minutes later, at 0626 hours, Respondent removed another 1 mg

1 carpuject syringe of Dilaudid for this patient from the Acudose machine. Respondent charted  
2 wastage of .5 mg of Dilaudid at 0626 hours. However, she failed to document administration of  
3 the remaining 1.5 mg of Dilaudid on the patient's MAR. There is no documentation of wastage  
4 for the remaining 1.5 mg of Dilaudid. Therefore, 1.5 mg of Dilaudid are unaccounted for.

5 27. Patient 12: On June 13, 2009, this patient had physician orders for .5 mg (IV) of  
6 Dilaudid prn (as needed) for pain. On June 13, 2009, Respondent was not assigned to this patient,  
7 however, there were three discovered discrepancies as follows:

8 a. On June 13, 2009 at 0219 hours, Respondent removed 1 mg carpuject  
9 syringe of Dilaudid from the Acudose machine for this patient. Respondent failed to document  
10 administration of this medication on the patient's MAR. There is no documentation of wastage of  
11 this medication. Thus, 1 mg of Dilaudid is unaccounted for.

12 b. On June 13, 2009 at 0554 hours, Respondent removed 1 mg carpuject  
13 syringe of Dilaudid from the Acudose machine for this patient. Respondent documented  
14 administration of .5 mg of Dilaudid at 0600 hours on the patient's MAR. However, Respondent  
15 failed to document wastage of the remaining .5 mg of Dilaudid. Respondent failed to document  
16 administration of the remaining .5 mg of Dilaudid on the patient's MAR. Thus, .5 mg of Dilaudid  
17 is unaccounted for.

18 c. On June 13, 2009 at 0745 hours, Respondent removed 1 mg carpuject  
19 syringe of Dilaudid from the Acudose machine for this patient. At the time of this removal,  
20 Respondent was off-duty. Respondent failed to document administration of this medication on  
21 the patient's MAR. There is no record of wastage of the medication. Therefore, 1 mg of  
22 Dilaudid is unaccounted for.

23 28. Patient 13: On June 2, 2009, Respondent was not assigned to this patient. This  
24 patient had physician's orders for 1 mg (IV) of Dilaudid. On June 2, 2009 at 0545 hours,  
25 Respondent removed 1 mg carpuject syringe of Dilaudid from the Acudose machine for this  
26 patient. Respondent failed to document administration of this medication on the patient's MAR.  
27 There is no record of wastage of the medication. Therefore, 1 mg of Dilaudid is unaccounted for.



1           29. Orange Coast Memorial Medical Center issued a "Do-Not-Return" to Respondent's  
2 staffing agency on June 17, 2009.

3                                   **FIRST CAUSE FOR DISCIPLINE**

4                   **(Unprofessional Conduct – Obtain Controlled Substances Unlawfully)**

5           30. Respondent is subject to disciplinary action for unprofessional conduct under section  
6 2762(a) for obtaining and possessing controlled substances unlawfully in violation of Health and  
7 Safety Code sections 11173(a) and 11350(a)(1) as is more particularly set forth in paragraphs 15  
8 through 31 above, and incorporated herein as though set forth in full.

9                                   **SECOND CAUSE FOR DISCIPLINE**

10                   **(Unprofessional Conduct - Falsify or Make Grossly Incorrect or Inconsistent Entries)**

11           31. Respondent is subject to disciplinary action for unprofessional conduct under Code  
12 section 2762(e) for falsifying or making grossly incorrect, inconsistent and/or unintelligible  
13 entries in the hospital records by withdrawing medication from the Acudose machine, charging  
14 the withdrawal to patients who did not receive the drugs or for whom Respondent did not  
15 document administration or wastage of the drug as is more particularly set forth in paragraphs 15  
16 through 31 above, and incorporated herein as though set forth in full.

17                                   **PRAYER**

18           WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
19 and that following the hearing, the Board of Registered Nursing issue a decision:

20           1. Revoking or suspending Registered Nurse License Number 671530, issued to Heather  
21 Shea Hadley;

22           2. Ordering Heather Shea Hadley to pay the Board of Registered Nursing the reasonable  
23 costs of the investigation and enforcement of this case, pursuant to Business and Professions  
24 Code section 125.3;

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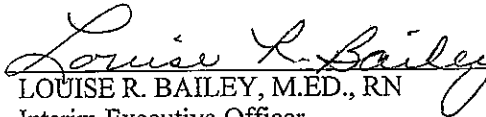
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3. Taking such other and further action as deemed necessary and proper.

DATED: \_\_\_\_\_

9/2/10



LOUISE R. BAILEY, M.ED., RN  
Interim Executive Officer  
Board of Registered Nursing  
Department of Consumer Affairs  
State of California  
*Complainant*

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